PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/539,569			ing Date 18/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR NUMBER FILED								RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
×	BASIC FEE (37 CFR 1.16(a), (b), (c)	_	N/A		N/A		ı	N/A	1 LL (0)	i	N/A	300	
×			N/A		N/A		ı	N/A		1	N/A	500	
⊠	EXAMINATION FE (37 CFR 1.16(o), (p),	Ε	N/A		N/A		l	N/A		1	N/A	200	
	TAL CLAIMS CFR 1.16(i))		21 minus 20 =		• 1		1	x \$ =		OR	X \$50 =	50	
INE (37	EPENDENT CLAIM CFR 1.16(h))	S	8 minus 3 =		• 5			x \$ =			X \$200 =	1000	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and dra sheets of paper, the applii is \$250 (\$125 for small en additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			plication size fee due entity) for each fraction thereof. See							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL	2050	
	APPI	DED - P.		OTHER THAN SMALL ENTITY OR SMALL ENTITY									
AMENDMENT	07/13/2005	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 160))	• 21	Minus	·· 21		= 0	l	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 8	Minus	***8		= 0	l	x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ä	Total (37 CFR 1,16())		Minus	*		=	l	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***				x \$ =		OR	x s =		
Ä	Application Size Fee (37 CFR 1.16(s))]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
										OR	TOTAL ADD'L FEE		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													

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